

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) George Fitzgerald Curran
(Name of Plaintiff) (Inmate Number)

Sussex Correctional Institution
P.O. Box 500 (Complete Address with zip code) George Barnard P.D.
100 N. Main Street, Suite 100, Georgetown, DE 19947

(2) George J. Loring
(Name of Plaintiff) (Inmate Number)

Resale
(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

- 05 - 503

(Case Number)

(to be assigned by U.S. District Court)

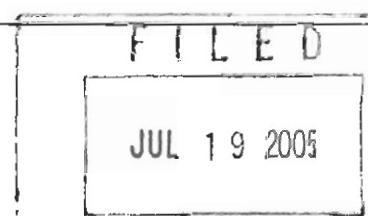
CIVIL COMPLAINT

(1) South Vop Building Center Georgetown DC
(2) MICHAEL COSTELLO Lieutenant 19947
(3) South vop in Sussex County Georgetown DC
(Names of Defendants) 19947

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:



By Mail

NO LFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? Yes No *errat*
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes No *Yes*

- C. If your answer to "B" is Yes:

1. What steps did you take? grievance
trun it down

2. What was the result?
trun it down

- D. If your answer to "B" is No, explain why not:
-
-

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: VOP Center

Employed as _____ at _____

Mailing address with zip code: Route 6 Box 700

Georgetown Del 19949

- (2) Name of second defendant: MICHAEL COSTELLO Lieutenant

Employed as VOP Center at South VOP

Mailing address with zip code: Route 6 Box 700

Georgetown De 19947

- (3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I was Soiney injury blood clot Right leg
AND I Should Been in the Hospital now getting surgery done
But THE STATE Vol. it My Because I did not Report But
I did go To Probation when I get out Jan 9 2005.

2. _____

3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WANT TO DESTROY THE SOUTH VOP BUILDING DOWN FOR GOOD
ON THE COUNT OF MY AFRICAN AMERICAN BROTHER AND MY
AFRICAN AMERICAN SISTER SO THE WHITE CAN NOT
BE IN SIE CONTROL OF US.

No Further Questions

3

Suffering For Pain And Suffering And Head Ach.
25000,00.00. Lost wages, In 1. Year, Cost.

South Vop Building in Sussex County. Georgetown, Del 19974

I/M: Quincy Cartel BLDG: MSS

SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500 8087
GEORGETOWN, DELAWARE 19947

same copy

**
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Judge Gregory Sleet
Court of the State Planning Com
844 N King Street Newark DE
with Re 1994

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